Testimony of Anita L. Rosen, Ph.D.
To the Policy Committee
Of the White House Conference on Aging
The Shortage of an Adequately Trained Geriatric Mental Health Workforce
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I am Anita Rosen, the American Society on Aging and Council on Social Work Education representative to the National Coalition on Mental Health and Aging. Thank you for the opportunity to address you today about the critical shortage of adequately trained geriatric mental health and substance abuse practitioners.

You have already been presented with information about the consequences of untreated mental health conditions and substance abuse, the benefits and efficacy of treatment, and the barriers to treatment. One major barrier to treatment is the current workforce crisis in mental health and aging. There is a serious shortage of mental health professionals with adequate training to meet the mental health, substance abuse and psychosocial needs of a growing aging population and their family caregivers. Numerous studies, including the President's own New Freedom Commission (July, 2003) clearly state that there is a "severe shortage" of practitioners in the mental health workforce, including those who can provide services to adults and older adults. There is a workforce crisis now with 12.4% of the population age 65 or over; by the year 2030 when the entire Baby Boomer population will be over age 65, older adults will comprise 20% of the population (AoA, 2005).

The shortage of trained geriatric mental health practitioners is a problem among ***all*** mental health professions and is particularly acute in rural areas. The current situation means that treatable mental health and substance abuse problems of older adults often go untreated or they are treated ineffectively or inefficiently. This lack of adequate and available workforce has been shown to be costly to individuals, families and society.

There are a variety of factors that have created this problem, many of which have been or will be discussed by others today. They include a lack of parity in reimbursement that makes mental health and aging practice less desirable than other areas of practice, lack of traineeships and student stipends for the mental health professions, and lack of academic efforts to teach aging content to all mental health professionals.

The severity of the workforce crisis can be illustrated with a sampling of data provided for this presentation by several of the mental health professional groups that are members of the National Coalition on Mental Health and Aging.

Social Work: As of 2002, only about 1,115 or 3.6 % of Master's level social worker students specialize in aging and only about 5% of practitioners at any level identify aging as their primary area of practice (Lennon, 2004). This is true even though the National Institute on Aging projected that by 2020, 60,000-70,000 gerontological social workers will be needed (NIA, 1987).

Psychology: Among psychologists, only about 3% view geriatrics as their primary area of practice and only 28 % of all graduate psychologists have some graduate training in geriatrics. This falls short of the current need for 5,000 to 7,000 FTE geriatric psychologists (Qualls, et. al., 2002).

Mental Health Nursing: Data on nursing suggests that few nurses specialize in mental health and aging, since less than 1 percent of all nurses even identify mental health or substance abuse facilities as their primary area of practice, and these settings are not typically used by older adults with mental health or substance abuse problems (Communication with Rita Munley Gallagher, ANA, 1-12-05).

Psychiatry: The current workforce of geriatric psychiatrists is 2,595 practitioners of a total of 38,691 psychiatrists. By 2006, that number is expected to by reduced 23%. In fact, at the current rate of graduating approximately 80 new geriatric psychiatrists each year, and given attrition, there will be one geriatric psychiatrist per 5,682 older adults with a psychiatric disorder by the year 2030 (Communication with Stephanie Reed, AAGP, 1-13-05).

Compounding the current problem of a workforce crisis in mental health and aging, is the fact that a substantial percentage of all mental health professionals who do work in aging are Baby Boomers and will be retiring or reducing their work loads in the near future. We have a shortage now, but who will replace these Boomers, who often went to school at a time when there were stipends, special curriculum and training projects, and other support?

Additionally, many of the projections of need for mental health and aging professionals are based on current service needs. The current cohort of older persons may differ from Baby Boomers in regard to lifestyle choices and mental health or substance abuse issues. For example, Baby Boomers have made use of mental health services in appreciably larger numbers than people over age 65 today and have experienced a much greater use of recreational drugs (Korper & Council, 2002). They also reflect increasing diversity of the U.S. population. These differences alone suggest that the aging of Baby Boomers may create an even greater demand for services of trained geriatric mental health professionals in the future.

Is it possible that the workforce crisis described is somewhat exaggerated? In fact, the crisis may be worse than the numbers indicate. Unlike many other areas of mental health and substance abuse training, most non-geriatric specialists are provided little in the way of exposure to aging practice in either the classroom or in field practica (AFAR, February 2002), yet they may be called upon to provide services to older adults. For example, Peterson and Wendt (1990) found that 62% of social work practitioners had need for aging knowledge in their practice even though aging was not their primary field of practice.

There is little evidence to indicate that mental health students have even minimal exposure to gerontological content in their foundation course work or in field practica, or have been provided with positive and interdisciplinary educational opportunities to interest them in work with older adults and their families. Mental health professionals also have need to address the multiplicity of mental health, health, social, economic and housing issues to work effectively with older adults and their families (Zeiss & Steffon, 1996); yet professional mental health

education programs rarely provide effective interdisciplinary team training. Only a limited number of practitioners have taken courses through HRSA supported Geriatric Education Centers or have had opportunity to train through the John A. Hartford Foundation Geriatric Interdisciplinary Team Training projects (Scharlach, Damron-Rodriguez, Robinson, & Feldman (2000). Most must rely on their academic preparation to provide these basic competencies, but few mental health academic programs have the resources or incentives to provide these skills.

The current mental health and aging workforce crisis is compounded by the lack of a concerted effort to prepare ***all*** students with basic aging competency and provide ***all*** current mental health practitioners with basic knowledge and skills to more effectively meet the needs of older adults, including grandparents raising grandchildren and family caregivers (Communication with Rita Gallagher, ANA; AFAR, February 2002; Rosen, Zlotnik, & Singer, 2002).

As indicated by the President's New Freedom Commission, it is imperative to quickly develop a strategy to effectively address the critical need for trained mental health and substance abuse professionals with aging competency. The two presentations that follow will give some substantive recommendations for addressing the severe shortage of professionals with mental health and aging competency. We hope that these recommendations will be considered seriously for inclusion in the 2005 White House Conference on Aging

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